



Amazon Xtreme Fishing Adventures LLC.
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 AXF.CC2022

CREDIT CARD AUTHORIZATION FORM

GUEST(s) NAME? / GROUP NAME? (If Different): _____

This payment is for: “Check option(s) below”

- The 50% Trip Deposit
- Trip Balance / Full Trip Payment: *(If Travel within 90 days full payment is requires)*
- Other Requests : _____

I hereby authorize Amazon Xtreme Fishing Adventures LLC. to charge my credit card for the amount of \$ _____* + a 3.5% convenience fees*.

** A C/C Convenience fee of 3.0% applies to all Credit Card Transactions.*

Type of Card: (Select) Visa Master Card Discover (Only)

Name as it appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code- 3 or 4 Digit CCV: _____

Please fill in the billing address to which the credit card company sends your bill.

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Cardholder’s Signature: _____ Date: _____

Email (to receive receipt): _____

Make this email my primary email contact? Yes or No

By authorization of this charge, I understand that all trip deposits are Non-Refundable and can only be transferred to replacement angler of my choice for season at hand.

Thank You for your Business!

Please, Mail Original Signed Copy to address above for processing along with Client Reservations Form.

Please call (469)995-5351 with the requested information for faster processing.

